

TOWN OF MONSON

BOARD OF HEALTH

APPLICATION FOR PERMIT TO INSTALL SEPTIC SYSTEMS

I hereby apply for a permit to install septic systems in the Town of Monson. I attest:

1. That I am familiar with the requirements of Title 5 of the State Environmental Code regarding the installation of septic systems;
2. That I have the appropriate equipment and skills needed for septic system installation;
3. That my company will not undertake a new installation, alteration or repair without first making sure that the Board of Health has been informed and has approved the proposed design and issues the appropriate permits;
4. That after an installation I will provide an Installation Certification Letter, As-built plans and a current sieve analysis as is appropriate and
5. If I do not have a current Monson BOH License, I must obtain my permit in person from the Board of Health Office after an interview with the Health Department to determine my experience with septic installations. The fee for each installation will be \$50.00. I must telephone the Health Department at each stage of the installation.

Signed: _____

Name of Individual or Company: _____

Address: _____

Telephone: _____ Fax: _____

Date of Application: _____ Fee Paid: _____

Monson BOH License #: _____ (Please attach copy of this License if not on file.)

BOH License #: _____

Approved By: _____ for the Board
of Health.

Conditions of Approval: _____

Date of Approval: _____

The Commonwealth of Massachusetts

TOWN OF MONSON

BOARD OF HEALTH

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I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Individual
Or Corporate Name (Mandatory)

By: Corporate Officer
(Mandatory, if applicable)

Clearly Print Individual or Corporate Name

Clearly Print Name of Corporate Officer

Name of Business: _____

OR

Social Security Number (Voluntary) Federal Identification Number

YOU MUST USE ON OR THE OTHER- PLEASE DO NOT LEAVE BLANK

This license will not be issued unless the applicant signs this certification clause.

The Commonwealth of Massachusetts

TOWN OF MONSON

BOARD OF HEALTH

Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have net tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G. L. c.62C § 49A.

**A COPY OF YOUR COMPANY'S WORKERS' COMPENSTAION POLICY DECLARATION PAGE MUST BE
ATTACHED TO THIS AFFIDAVIT**

TOWN OF MONSON



BOARD OF HEALTH
The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:		Type of project (required):
1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*	4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.†	6. <input type="checkbox"/> New construction
2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]	5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]	7. <input type="checkbox"/> Remodeling
3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.]†		8. <input type="checkbox"/> Demolition
		9. <input type="checkbox"/> Building addition
		10. <input type="checkbox"/> Electrical repairs or additions
		11. <input type="checkbox"/> Plumbing repairs or additions
		12. <input type="checkbox"/> Roof repairs
		13. <input type="checkbox"/> Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____